Medicare Coverage of Diabetes Supplies & Services

If you have diabetes, this booklet is for you.

This booklet tells you...

- What diabetes supplies and services Medicare helps pay for
- Where to go for more information

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CENTERS for MEDICARE & MEDICAID SERVICES

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A note about the symbols used in this booklet:

means a mailing address.

means a telephone number.

means a number for TTY, text telephone for people with special equipment.

means a computer website address.

If you don't have a computer, your local library or senior center may be able to help you find information on their computers.

This booklet explains your benefits in the Original Medicare Plan. It isn't a legal document. The official Medicare provisions are contained in relevant laws, regulations, and rulings.

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Note: The telephone numbers listed on page 27 were correct at the time of printing. Sometimes telephone numbers change. You can find the most up-to-date telephone numbers by looking at www.medicare.gov on the web. Select "Helpful Contacts." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This booklet explains Medicare coverage of diabetes supplies and services in the Original Medicare Plan, also known as "fee-for-service." If you are in a Medicare + Choice Plan, your plan must give you at least the same coverage as the Original Medicare Plan, but it might have different rules. Your costs, rights, protections, and/or choices of where you get your care might be different if you are in one of these plans. You might also get extra benefits. Read your plan materials or call your benefits administrator for more information.

This booklet focuses on Medicare coverage for people with diabetes. It is important to know how you get your Medicare health care. You get all your regular Medicare covered services under Part A and Part B.

To learn more about Medicare, look at your copy of the *Medicare & You* handbook (CMS Pub. No. 10050), which is mailed each fall to people with Medicare. You can order a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also read or print a copy of the handbook at www.medicare.gov on the web. Select "Publications."

This booklet doesn't have detailed information about the tests you should get and what you can do to help control your diabetes. To learn more about these things, talk with your doctor, diabetes educator, or other health care provider. They are there to help you. You should also talk with your doctor about your treatment options. You and your doctor can decide what's best for you.

What is Medicare?

Medicare is a health insurance program for:

- People age 65 or older.
- People under age 65 with certain disabilities.
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has Two Parts:

Part A, Hospital Insurance

Most people do not have to pay for Part A. Medicare Part A helps cover your inpatient care in hospitals, critical access hospitals, and skilled nursing facilities. It also covers **hospice care** and some **home health care**. You must meet certain conditions.

Part B, Medical Insurance

Most people pay monthly for Part B. Medicare Part B helps cover your doctors' services, outpatient hospital care, and some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

Medicare Health Plans

Your health plan choices include:

The **Original Medicare Plan** - available nationwide.

OR

Medicare + Choice Plans - available in many areas of the country.

The way you get your Medicare health care affects many things, like cost, doctor choice, benefits, convenience, and quality.

Words in **green** are defined on page 29.

Medicare Health Plans (continued)

If you join a **Medicare + Choice Plan**:

- You are still in the Medicare program.
- You must have Medicare Part A and Part B, and continue to pay the monthly Medicare Part B premium ($58.70 in 2003). If you are already in a Medicare Managed Care Plan and have only Part B, you may stay in your plan.
- You still get all your regular Medicare-covered services. You may be able to get extra benefits like coverage for prescription drugs or additional days in the hospital.
- You have Medicare rights to protect you (see page 18).

For help comparing your health plan choices, use the "Medicare Personal Plan Finder," available at www.medicare.gov on the web. You can also call 1-800-MEDICARE (1-800-633-4227) to get a Customer Service Representative to help you. You will get your Medicare Personal Plan Finder results in the mail within three weeks. TTY users should call 1-877-486-2048.

Remember! If you are in a Medicare + Choice Plan, your plan must give you at least the same coverage as the Original Medicare Plan, but it may have different rules. Your costs, rights, protections, and/or choices of where you get your care may be different if you are in one of these plans. You may also get extra benefits. Read your plan materials or call your benefits administrator for more information.

Note: If you have other insurance that supplements the Original Medicare Plan, it may pay some of the costs for the services described in this booklet. Contact your plan's benefits administrator for more information.

Supplies Covered

Medicare covers certain supplies if you have diabetes, and have Medicare Part B. These covered supplies include:

- blood sugar (glucose) monitors (see below)
- therapeutic shoes (see page 8)
- insulin pumps (see page 9)

Blood sugar self-testing equipment and supplies

Blood sugar (also called blood glucose) self-testing equipment and supplies are covered for all people with Medicare who have diabetes. This includes people who use insulin and people who don't use insulin.

These supplies include:

- blood sugar monitors
- blood sugar test strips
- lancet devices and lancets
- glucose control solutions for checking the accuracy of testing equipment and test strips

Medicare currently covers the same type of blood sugar testing supplies for people with diabetes whether or not they use insulin. However, the amount of supplies that are covered varies. If you use insulin, you may be able to get:

- up to 100 test strips and lancets every month, and
- one lancet device every 6 months.

If you don't use insulin, you may be able to get:

- 100 test strips and lancets every 3 months, and
- one lancet device every 6 months.

Words in green are defined on page 29.

If your doctor says it is medically necessary, **Medicare will allow additional test strips and lancets.**

For more information about diabetes supplies, call your **Durable Medical Equipment Regional Carrier** (see page 27).

How do I get these covered supplies?

To get your Medicare-covered blood sugar self-testing equipment and supplies, you need a prescription from your doctor. The prescription should include the following information:

- That you have diabetes;
- What kind of blood sugar monitor you need and why you need it (If you need a special monitor because of vision problems, your doctor must also explain why you need this special monitor.);
- Whether you use insulin;
- How often you should test your blood sugar; and
- How many test strips and lancets you need for one month.

Keep in mind that:

- You can order and pick up your supplies at your pharmacy.
- You can order your supplies from a medical equipment supplier. If you get your supplies this way, you must place the order yourself. You will probably need a prescription from your doctor to place your order, but your doctor can't order it for you.
- You must ask for refills for your supplies.
- You need a new prescription from your doctor for your lancets and test strips every twelve months.

Note: Medicare won't pay for any supplies you didn't ask for, or for any supplies that were sent to you automatically from suppliers, including blood sugar monitors, test strips, and lancets. If you think you are getting too many supplies sent to you automatically, are getting advertisements that are misleading, or suspect fraud relating to your diabetes supplies, call your Durable Medical Equipment Regional Carrier (see page 27).

You must get supplies from a pharmacy or supplier that is enrolled in Medicare. If you go to a pharmacy or supplier that **isn't** enrolled in Medicare, Medicare won't pay. **You will have to pay the entire bill for any supplies**.

All Medicare enrolled pharmacies and suppliers must submit claims for glucose monitor test strips. You will no longer be able to submit a claim for glucose monitor test strips yourself. You should also make sure that the pharmacy or supplier accepts assignment for Medicare-covered supplies. **This could save you money**. If the pharmacy or supplier accepts assignment, Medicare will reimburse the pharmacy or supplier directly. You should only pay your coinsurance amount when you get your supply from a pharmacy or supplier for assigned claims.

How do I get these covered supplies? (continued)

If your pharmacy or supplier **doesn't** accept assignment, charges may be higher, and you may pay more. You may also have to pay the entire charge at the time of service, and wait for Medicare to send you its share of the charge.

Remember: Before you get a supply from a supplier or pharmacy, ask:

- Are you enrolled in Medicare?
- Do you accept assignment?

If the answer to either of these two questions is no, call another supplier or pharmacy in your area. Ask them the same questions. You want to try and find a supplier or pharmacy that answers "yes" to both questions. **This could save you money**. If no suppliers or pharmacies in your area are enrolled in Medicare and accept assignment, you may want to order your supplies through the mail. This could also save you money.

For more information about assignment, get a free copy of *Does Your Doctor or Supplier Accept Assignment?* (CMS Pub. No. 10134). You can get this booklet at www.medicare.gov on the web. Select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. See page 28 for more information.

What are the costs for these covered supplies?

In the Original Medicare Plan, you pay 20% of the Medicare-approved amount after the yearly Medicare Part B deductible ($100 in 2003).

Note: Make sure you go to a pharmacy or supplier that is enrolled in Medicare. If you go to a pharmacy or supplier that isn't enrolled, Medicare won't pay. **You will be responsible for paying the entire bill for any supplies**. Also, all Medicare enrolled pharmacies and suppliers must submit claims for glucose monitor test strips. You will no longer be able to submit a claim for glucose monitor test strips yourself. You should also make sure the pharmacy or supplier accepts assignment for Medicare-covered supplies. **This could save you money**.

Therapeutic Shoes

If you have Medicare Part B, have diabetes, and meet certain conditions (see below), Medicare will cover therapeutic shoes if you need them. The types of shoes that are covered each year are:

- One pair of depth-inlay shoes and three pairs of inserts, or
- One pair of custom-molded shoes (including inserts) if you can't wear depth-inlay shoes because of a foot deformity, and two additional pairs of inserts.

Note: In certain cases, Medicare may also cover separate inserts or shoe modifications instead of inserts.

How do I get therapeutic shoes?

In order for Medicare to pay for your therapeutic shoes, the doctor treating your diabetic condition must certify that you meet the following three conditions:

1. Have diabetes;
2. Have at least one of the following conditions in one or both feet:
    - partial or complete foot amputation
    - past foot ulcers
    - calluses that could lead to foot ulcers
    - nerve damage because of diabetes with signs of problems with calluses
    - poor circulation
    - deformed foot; and
3. Are being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts because of diabetes.

Medicare also requires that:

- A podiatrist or other qualified doctor prescribe the shoes, and
- A doctor or other qualified individual like a pedorthist, orthotist, or prosthetist fit and provide the shoes.

What are the costs for therapeutic shoes?

There are limits to the amount that Medicare will pay. In the Original Medicare Plan, you pay 20% of the Medicare-approved amount after the yearly Medicare Part B deductible ($100 in 2003). This amount can be higher if your provider or supplier doesn't accept **assignment**, and you may have to pay the entire amount at the time of service. Medicare will then send you its share of the charge.

Insulin pumps and related supplies

Insulin pumps worn outside the body (external), including the insulin used with the pump, may be covered for some people with Medicare who have diabetes and who meet certain conditions.

How do I get an insulin pump?

If you need to use an insulin pump, your doctor will prescribe this for you.

What are the costs for an insulin pump?

In the Original Medicare Plan, you pay 20% of the Medicare-approved amount after the yearly Part B deductible. Medicare will pay for the insulin pump. Medicare will also pay for the insulin that is used with the insulin pump.

For more information about **durable medical equipment** and diabetes supplies, call your **Durable Medical Equipment Regional Carrier** (see page 27).

Words in green are defined on page 29.

Services Covered

Medicare covers certain services if you have diabetes. Your doctor must write an order or referral for you to get these services. Once your doctor writes this order, you should get the services as soon as possible. You need to make sure that you have your doctor's written order in hand before you get the services. These services include:

- Diabetes self-management training (see below)
- Medical nutrition therapy services (see page 13)
- Hemoglobin A1c tests (see page 14)
- Special eye exams (see page 15)
- Flu and pneumoccocal pneumonia shots (see page 16)

You can get some Medicare-covered services without a written order or referral. These services include:

- Foot care (see page 14)
- Glaucoma screening (see page 15)

Diabetes self-management training

Diabetes self-management training helps you learn how to successfully manage your diabetes. Your doctor must prescribe this training for you.

You can get diabetes self-management training if:

- You are at risk for complications from diabetes (see below), or
- You have been recently diagnosed with diabetes, or
- You have diabetes and have recently become eligible for Medicare.

Your doctor may consider you at increased risk if, during the last 12 months, you have:

- Had problems controlling your blood sugar.
- Changed from taking no diabetes medications to taking diabetes medication, or from oral diabetes medication to insulin.
- Been diagnosed with eye disease related to diabetes.
- Had a lack of feeling in your feet or some other foot problems like ulcers, deformities, or have had an amputation.
- Been treated in an emergency room or have stayed overnight in a hospital because of your diabetes.
- Been diagnosed with kidney disease related to diabetes.

Diabetes self-management training (continued)

Your doctor will usually give you information about where to get diabetes self-management training. You must get this training from a Medicare-approved diabetes education program under a plan of care prepared by your doctor or qualified non-doctor practitioner. Classes are taught by health providers who have special training in diabetes education. You are covered to get a total of 10 hours of initial training in 12 months. One of the hours can be given on a one-on-one basis. The other 9 hours must be training in a group class unless your doctor prescribes 10 hours of individual training for such conditions as blindness and deafness. The initial training must be completed 12 months from the time you start the training.

To be eligible for 2 more hours of follow-up training each year after the year you received initial training, you must get another written order from your doctor. The 2 hours of follow-up training can be with a group class or you may have one-on-one sessions. Remember, your doctor must prescribe this follow-up training each year for Medicare to cover it.

Diabetes self-management training programs may not be available in all areas. Check with the American Diabetes Association (see page 22) to find the Medicare-approved training program nearest you. If there isn't a training program in your area, ask your doctor for a referral to a registered dietitian to get the covered medical nutrition therapy benefit.

Note: If a Medicare-approved training program isn't available in your area, you may be able to go to a training program in another area in your state. Call your Medicare Carrier for more information. You can get the telephone number for the Medicare Carrier in your state by calling 1-800-MEDICARE, or going to www.medicare.gov on the web. Select "Helpful Contacts."

What will I learn in this training?

You will learn how to successfully manage your diabetes. This will include information on self-care and making lifestyle changes. The first session is an individual assessment to help the trainers better understand your needs.

Classroom training will cover topics like:

- General information about diabetes and treatment
- Nutrition and how to manage your diet
- Managing high and low blood sugar
- Exercise and why it is important to your health
- How to take your medications properly
- Blood sugar testing and how to use the information to improve your diabetes control
- How to prevent, find, and treat chronic complications from your diabetes
- Foot, skin, and dental care
- How diet, exercise, and medication affect blood sugar
- How to adjust emotionally to having diabetes
- Family involvement and support
- The use of the health care system and community resources

How much do I pay for diabetes self-management training?

In the Original Medicare Plan, you pay 20% of the Medicare-approved amount after the yearly Part B deductible ($100 in 2003).

Words in green are defined on page 29.

Medical nutrition therapy services

In addition to diabetes self-management training, medical nutrition therapy services are also covered for people with diabetes. Your doctor must prescribe this service for you.

These services can be given by a registered dietitian or nutrition professional. Services include:

- An initial nutrition and lifestyle assessment,
- Nutrition counseling (what foods to eat),
- How to manage lifestyle factors that affect your diet, and
- Follow-up visits to check on your progress in managing your diet.

Medicare covers 3 hours of one-on-one medical nutrition therapy services the first year you receive the service, and 2 hours each year after that. If your condition, treatment, or diagnosis changes, you may be able to get additional hours of medical nutrition therapy services. Remember, your doctor must prescribe medical nutrition therapy services each year for Medicare to pay for the service.

How much do I pay for medical nutrition therapy services?

In the Original Medicare Plan, you pay 20% of the Medicare-approved amount after the yearly Part B deductible ($100 in 2003).

Words in green are defined on page 29.

Foot care

Who is covered?

If you have diabetes-related nerve damage in either of your feet, Medicare will cover one foot exam every 6 months by a podiatrist or other foot care specialist, unless you have seen a foot care specialist for some other foot problem during the past 6 months. Medicare may cover more frequent visits to a foot care specialist if you have had a non-traumatic (not because of an injury) amputation of all or part of your foot or your feet have changed in appearance that may indicate you have serious foot disease. Remember, you should be under the care of your primary care physician or diabetes specialist when receiving foot care.

How much do I pay?

In the Original Medicare Plan, you may have to pay 20% of the Medicare-approved amount after the yearly Part B deductible ($100 in 2003).

Hemoglobin A1c tests

A hemoglobin A1c test is a lab test ordered by your doctor. It measures how well your blood sugar has been controlled over the past 2 to 3 months.

Who is covered?

Anyone with diabetes is covered for this test if it is ordered by your doctor.

How much do I pay?

Medicare may cover this test when your doctor orders it. Call your Medicare Carrier if you have a question about how much you will have to pay. You can get the telephone number for the Medicare Carrier for your state by calling 1-800-MEDICARE, or going to www.medicare.gov on the web. Select "Helpful Contacts."

Words in green are defined on page 29.

Special eye exams

Who is covered?

People with Medicare who have diabetes can get eye exams to check for diabetic eye disease (called a dilated eye exam). Your doctor will decide how often you need this exam.

How much do I pay?

In the Original Medicare Plan, you pay 20% of the Medicare-approved amount after the yearly Part B deductible ($100 in 2003).

Medicare Part B covered preventive services

Medicare Part B covers certain preventive services for people with Medicare. Some of these services are important for people with diabetes. These services include:

Glaucoma screening

Medicare will pay for you to have your eyes checked for glaucoma once every 12 months. This screening must be done or supervised by an eye doctor who is legally allowed to give this service in your state.

How much do I pay?

In the Original Medicare Plan, you pay 20% of the Medicare-approved amount after the yearly Part B deductible ($100 in 2003).

Medicare Part B covered preventive services (continued)

Flu and pneumoccocal pneumonia shots (vaccinations)

Medicare will pay for you to get a flu shot once a flu season in the fall or winter. Medicare will also pay for you to get a pneumoccocal pneumonia shot. One pneumonia shot may be all you ever need. Ask your doctor.

How much do I pay?

In the Original Medicare Plan, you pay nothing for flu and pneumoccocal pneumonia shots if your doctor accepts assignment (see page 21).

Who do I call if I have questions about what Medicare covers?

You should call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Supplies and services that aren't covered by Medicare

The Original Medicare Plan doesn't cover everything. Diabetes supplies and services **not** covered by Medicare include:

- Prescription drugs
- Insulin pens
- Insulin (unless used with an insulin pump)
- Syringes
- Alcohol swabs
- Gauze
- Orthopedic shoes (shoes for people whose feet are impaired, but intact)
- Eye exams for glasses (called refraction)
- Routine or yearly physical exams
- Weight loss programs
- Injection devices (like jet injectors)

If you have Medicare, you have certain guaranteed rights to help protect you. One of these rights is the right to a fair, efficient, and timely process for appealing decisions about health care payment or services. Some of the reasons you may appeal are when:

- You don't agree with the amount that is paid.
- A service or item isn't covered and you think it should be covered.
- A service or item is denied and you think it should be paid.

The instructions for filing an appeal are on the notice that explains what Medicare pays (Medicare Summary Notice). If you decide to file an appeal, ask your doctor or provider for any information that may help your case. If you need help filing an appeal, call the State Health Insurance Assistance Program in your state.

In addition to your appeal rights, you also have certain rights to:

- Information
- Get emergency services
- Go to any doctor, specialist, or Medicare-certified hospital
- Participate in treatment decisions
- Know your treatment choices
- Get culturally competent services (for example, under certain circumstances, getting information in languages other than English from Medicare, and its providers and contractors)
- File complaints
- Nondiscrimination
- Privacy of personal information
- Privacy of health information

You may have additional rights if you are in the hospital or a skilled nursing facility, or if your **home health care** ends.

For more detailed information about your Medicare rights and protections, you can get a free copy of the booklet *Your Medicare Rights and Protections* (CMS Pub. No. 10112). To get a free copy, see page 28.

There are other kinds of health coverage and programs that may pay for some of your health care costs not covered by Medicare. Some of these choices are listed below.

1. Medicare Savings Programs

There are programs that help millions of people with Medicare save money each year. States have programs for people with limited incomes and resources that pay Medicare premiums and, in some cases, may also pay Medicare deductibles and coinsurance.

You can apply for these programs if:

- You have Medicare Part A. (If you are paying a premium for Medicare Part A but can't afford it, the Medicare Savings Program may pay the Medicare Part A premium for you); and
- You are an individual with resources of $4,000 or less, or are a couple with resources of $6,000 or less. Resources include things like money in a checking or savings account, stocks, or bonds; and
- You are an individual with a monthly income of less than $1,031, or are a couple with a monthly income of less than $1,384. If you live in Hawaii or Alaska, income limits are slightly higher. Income limits will change slightly in 2004.

Note: If your income is less than the amounts listed above, you may qualify for **Medicaid** (see page 20). For more information on Medicare Savings Programs:

Call your State medical assistance office. Look in the blue pages section of your local telephone directory for the telephone number. Or, call 1-800-MEDICARE (1-800-633-4227) and ask for the telephone number of your State medical assistance office. TTY users should call 1-877-486-2048.

Go to www.medicare.gov on the web and select "Helpful Contacts." Select the state you want and select "Other Health Insurance Programs."

2. Medicaid

If your income and resources are limited, you may qualify for **Medicaid**. Most of your health care costs are covered if you have Medicare and Medicaid. Medicaid is a joint Federal and State program that helps pay medical costs for some people with limited incomes and resources. Medicaid programs vary from state to state. People with Medicaid may get coverage for things like nursing home care, home care, and outpatient prescription drugs that aren't covered by Medicare.

To get more information on Medicaid:

Call your State medical assistance office. Look in the blue pages section of your local telephone directory for the telephone number. Or, call 1-800-MEDICARE (1-800-633-4227) and ask for the telephone number of your State medical assistance office. TTY users should call 1-877-486-2048.

Go to www.medicare.gov on the web and select "Helpful Contacts." Select the state you want, then select "Other Health Insurance Programs." Or, go to www.cms.hhs.gov/medicaid to get general information about Medicaid programs.

3. Prescription Drug Assistance Programs

There are programs that may offer you discounts or free medication. To get more information:

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Go to www.medicare.gov on the web and select "Prescription Drug and other Assistance Programs." If you don't have a computer, your local senior center or library may be able to help you get this information.

Words in green are defined on page 29.

For more information about these and other kinds of health coverage and ways to pay health care costs, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Ask for a free copy of the *Health Care Coverage Directory for People with Medicare* (CMS Pub. No. 02231). You can also read or print a copy of this booklet at www.medicare.gov on the web. Select "Publications."

What is "assignment" in the Original Medicare Plan and why is it important?

Assignment is an agreement between Medicare and doctors, other health care providers, **suppliers** of health care equipment and supplies (like wheelchairs, oxygen, braces, and ostomy supplies), and pharmacies. Doctors, providers, suppliers, and pharmacies that agree to accept assignment accept the Medicare-approved amount as payment in full for Part B services and supplies. You still pay the coinsurance and deductible amounts. In some cases (such as if you have both Medicare and **Medicaid**), your health care providers and suppliers must accept assignment.

Participating Physician Directory

The national Participating Physician Directory contains names, addresses, and specialties of Medicare participating physicians who have agreed to accept assignment on all Medicare claims. Seeing doctors who agree to accept assignment can save you money. This only applies to the Original Medicare Plan.

Go to www.medicare.gov on the web and select "Participating Physician Directory."

Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

Supplier Directory

The Medicare website has a Supplier Directory that has information about Medicare enrolled suppliers. This includes the names, addresses, telephone numbers, and information on the specific type(s) of available supplies. Using suppliers who participate in the Medicare program can save you money because they must accept assignment. This only applies to the Original Medicare Plan.

Go to www.medicare.gov on the web and select "Supplier Directory."

Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

More information is available to help you make health care choices and decisions that best meet your needs. Some free booklets can be ordered, and some information is on the web. If you don't have a computer, your local library or senior center may be able to help you find the information on their computers.

American Association of Diabetes Educators (AADE)

AADE is an organization of health care professionals nationwide who provide diabetes education and care. You can see a listing of diabetes educators in your area.

www.aadenet.org

1-800-338-3633

American Association of Diabetes Educators
100 West Monroe Street
Suite 400
Chicago, IL 60603

American Diabetes Association (ADA)

The mission of the American Diabetes Association is to prevent and cure diabetes, and improve the lives of all people with diabetes. The ADA provides information and other services to people with diabetes, their families, health care professionals, and the public. You can subscribe to the monthly consumer magazine, *Diabetes Forecast*, order diabetes education booklets, find training programs, find support groups, and find tips on managing diabetes.

www.diabetes.org

1-800-DIABETES (1-800-342-2383)

American Diabetes Association
Attn. Customer Service
1701 North Beauregard Street
Alexandria, VA 22311

American Dietetic Association (ADtA)

The American Dietetic Association can help you find a dietitian in your area by using a ZIP code search. There are also a number of fact sheets available to read or print from your computer.

www.eatright.org

1-800-877-1600

American Dietetic Association
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995

Centers for Disease Control and Prevention (CDC), Department of Health & Human Services (DHHS)

The Centers for Disease Control and Prevention has a special diabetes division, Division of Diabetes Translation, whose work is to help others use research findings to improve diabetes care. The CDC also has state-based diabetes control programs. On this website, you can find answers to frequently asked questions about diabetes, information on diabetes programs in your state, publications you can order or download, and the National Diabetes Education Program (NDEP).

www.cdc.gov/diabetes/index.htm

1-877-232-3422

(Inquiries and Publications)
CDC Division of Diabetes Translation
PO Box 8728
Silver Spring, MD 20910

Diabetes Exercise and Sports Association (DESA)

The Diabetes Exercise and Sports Association's purpose is to improve the quality of life for people with diabetes through exercise. The DESA provides pamphlets on diabetes and exercise. The website has information on exercise and nutrition, as well as upcoming DESA-sponsored events.

www.diabetes-exercise.org

1-800-898-4322

Diabetes Exercise and Sports Association
8001 Montcastle Drive
Nashville, TN 37221

Food and Drug Administration (FDA), DHHS

The mission of the Food and Drug Administration is to promote and protect the public health by helping safe and effective drugs and medical devices reach the market in a timely way, and continuing to check products for safety after they are in use.

www.fda.gov/diabetes

Healthfinder

The healthfinder website is run by the U.S. Department of Health & Human Services. It offers consumer information from the Federal Government and its many partners. Healthfinder can link you to selected online publications, clearinghouses, databases, websites, and support and self-help groups, as well as government agencies and not-for-profit organizations that produce reliable information for the public.

www.healthfinder.gov

Juvenile Diabetes Research Foundation International (JDRF)

Juvenile Diabetes Research Foundation International supports diabetes research to find a cure for Type 1 diabetes through fundraising events such as the "Walk to Cure Diabetes," galas and golf tournaments, and other community activities. On their website, you will find information on JDRF chapters in your area, a subscription to their electronic research newsletter, *Countdown* magazine, and books.

www.jdrf.org

1-800-533-CURE (1-800-533-2873)

Juvenile Diabetes Research Foundation International
120 Wall Street
New York, NY 10005-4001

National Diabetes Education Program (NDEP)

The National Diabetes Education Program is an education program developed by a partnership of the National Institutes of Health, Centers for Disease Control and Prevention, and more than 200 public and private organizations. The website has information on how to control diabetes, an events calendar, as well as diabetes information in Spanish and Asian languages.

www.ndep.nih.gov

1-800-438-5383

National Diabetes Education Program
1 Diabetes Way
Bethesda, MD 20892-3600

National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) of the National Institutes of Health (NIH), DHHS

The National Institute of Diabetes & Digestive & Kidney Diseases supports clinical and basic research on diabetes. They also run a clearinghouse that provides free information on all reading levels, and can answer your questions (by phone, fax, mail, or e-mail) and provide diabetes reference materials.

www.niddk.nih.gov
For the clearinghouse, www.niddk.nih.gov/health/diabetes/ndic.htm

1-800-860-8747 (Clearinghouse)

National Diabetes Information Clearinghouse
1 Information Way
Bethesda, MD 20892-3560

Durable Medical Equipment Regional Carrier (DMERC): Call about bills for durable medical equipment and a list of approved suppliers of this equipment.

If you live in:	Your DMERC is:
Illinois **Indiana** **Maryland** **Michigan** **Minnesota** **Ohio** **Virginia** **Washington D.C.** **West Virginia** **Wisconsin**	Adminastar Federal, Inc. 1(800)270-2313 TTY: 1(317)841-4677

If you live in:		Your DMERC is:
Alaska **American Samoa** **Arizona** **California** **Guam** **Hawaii** **Idaho** **Iowa** **Kansas** **Missouri** **Montana** **Nebraska** **Nevada** **North Dakota**	**Northern Mariana Islands** **Oregon** **South Dakota** **Utah** **Washington** **Wyoming**	CIGNA (Connecticut General Life Insurance Company) 1(800)899-7095 TTY: 1(800)970-7494

If you live in:	Your DMERC is:
Connecticut **Delaware** **Maine** **Massachusetts** **New Hampshire** **New Jersey** **New York** **Pennsylvania** **Rhode Island** **Vermont**	HealthNow DMERC 1(800)842-2052 TTY: 1(800)842-9519

If you live in:	Your DMERC is:
Alabama **Arkansas** **Colorado** **Florida** **Georgia** **Kentucky** **Louisiana** **Mississippi** **New Mexico** **North Carolina** **Oklahoma** **Puerto Rico** **South Carolina** **Tennessee** **Texas** **Virgin Islands**	Palmetto Government Benefits Administrators 1(800)583-2236 TTY: 1(800)223-1296

Free Booklets About Medicare and Related Topics

Medicare tries to give you information to help you make good health care decisions. You can look at or order free booklets from Medicare to learn more about the topics that are of interest to you. We are always adding new booklets with detailed information about important subjects.

How do I get these booklets?

1. Look at www.medicare.gov on the web and select "Publications." You can read, print, or order some booklets. This is the fastest way to get a copy.

2. Call 1-800-MEDICARE (1-800-633-4227). Follow the instructions to get a publication. TTY users should call 1-877-486-2048. You will get your copy within three weeks.

3. Put your name on the web mailing list to get an e-mail message every time a new booklet is available. To sign up, go to www.medicare.gov and select "Mailing List" at the bottom of the page. Then, select the topic "Publications," and choose "Join or leave the list, or update options."

Many booklets are available in English, Spanish, Audiotape (English and Spanish), Braille, and Large Print (English and Spanish).

Look at www.medicare.gov on the web for a list of available Medicare publications.

Note: Some booklets may not be available in print, but all of the most up-to-date versions will be available at www.medicare.gov on the web. If you don't have a computer, your local library may be able to help you.

CMS Library
C2-07-13
7500 Security Blvd.
Baltimore, Maryland 21244

Assignment: In the Original Medicare Plan, this means a doctor agrees to accept Medicare's fee as full payment. If you are in the Original Medicare Plan, it can save you money if your doctor accepts assignment. You still pay your share of the cost of the doctor's visit.

Durable Medical Equipment (DME): Medical equipment that is ordered by a doctor for use in the home. These items must be reusable, such as walkers, wheelchairs, or hospital beds. DME is paid for under Medicare Part B, and Part A for home health services.

Durable Medical Equipment Regional Carrier (DMERC): A private company that contracts with Medicare to pay bills for durable medical equipment.

Home Health Care: Skilled nursing care and certain other health care you get in your home for the treatment of an illness or injury.

Hospice Care: A special way of caring for people who are terminally ill, and for their family. This care includes physical care and counseling. Hospice care is covered under Medicare Part A (Hospital Insurance).

Medicaid: A joint Federal and State program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare + Choice Plan: A Medicare program that gives you more choices among health plans. Everyone who has Medicare Parts A and B is eligible, except those who have End-Stage Renal Disease unless certain exceptions apply.

Original Medicare Plan: A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care supplier who accepts Medicare and is accepting new Medicare patients. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Preventive Services: Health care to keep you healthy or to prevent illness. For example, Pap tests, pelvic exams, yearly mammograms, and flu shots.

Supplier: Generally, any company, person, or agency that gives you a medical item or service, like a wheelchair or walker.

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HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

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MARYLAND ASSOCIATION OF DIABETES EDUCATORS

- To get this booklet on Audiocassette (English and Spanish), in Braille, or Spanish, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- ¿Necesita usted una copia en español? También está disponible en audio casete. Llame gratis al 1-800-MEDICARE (1-800-633-4227).